

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN245AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>JUST LIKE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>426 PEARL ST YERINGTON, NV 89447</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility on 3/29/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and seven employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a survey grade of A.</p>	Y 000		
Y 178 SS=F	<p>449.209(5) Health and Sanitation-Maintain Int/Ext</p> <p>NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 3/29/10, part of the lower right wall housing the bathroom shower was missing plaster; a covering for the</p>	Y 178		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 178	Continued From page 1  outdoor crawl space had separated from the house and had exposed nails; there was an area approximately 20" x 24" cut through the wall in the back of the house with exposed insulation covered by a piece of plastic secured with tape; an exterior ramp near the pantry entrance was in poor condition with patches of non-slip surface missing; pieces of tile edging were missing from the kitchen island above the dishwasher and on an outer corner of the counter top.  Severity: 2 Scope: 3	Y 178		
Y 434 SS=D	449.229(3) Emergency Drills  NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.  This Regulation is not met as evidenced by: Based on record review on 3/29/10, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 2 of 12 months (July and September of 2009).  Severity: 2 Scope: 1	Y 434		
Y 444 SS=D	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant	Y 444		

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Y 444	<p>Continued From page 2</p> <p>to this subsection must be recorded and maintained at the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review on 3/29/10, the facility did not ensure smoke detectors were tested 2 out of the past 12 months (July and September of 2009).</p> <p>Severity: 2 Scope: 1</p>	Y 444		

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